

AMERICAN HERITAGE SUMMER PROGRAMS
PERMISSION FOR OVER-THE-COUNTER MEDICATION
PERSONAL AND CONFIDENTIAL

By **Law**, we are unable to administer **ANY PRESCRIPTION MEDICATION** without the authority of a physician. If your child needs to receive his/her prescription medicine during Summer Program hours, the medication must arrive in a pharmacist's container, with the label clearly stating the child's name, the name of the medicine, the dosage, the frequency of the dose & the completed Authorization for Medication form. The Clinic Nurses will provide name brand; over-the-counter comfort remedies for the child with this completed Authorization, **signed** by the parent/guardian of the child.

CHILD NAME: _____ **DOB:** _____

Medical History: (Please list all medications taken at home or during the school year)

Allergies: YES ___ List _____ NO ___
Medication _____

Asthma: YES ___ Explain _____ NO ___
Medication _____

Autism: YES ___ Explain _____ NO ___
Medication _____

ADD or ADHD: YES ___ Explain _____ NO ___
Medication _____

Cardiac Disorders: YES ___ Explain _____ NO ___
Medication _____

Diabetes: YES ___ Explain _____ NO ___
Medication _____

Recent Surgery: YES ___ Explain _____ NO ___
 Date _____ *Medication* _____

Seizure Disorders: YES ___ Explain _____ NO ___
Medication _____

List any allergy and diagnosis, or emergency precautions that the Clinic should anticipate for this child, i.e.: allergy triggers, diabetic reactions, etc. List all medications that are currently prescribed for this child. Include inhalers, Epipens, etc.

DIAGNOSIS

ORDERS – Issued by United States licensed Physician

1. _____
 Side Effects & Specific Instructions _____

2. _____
 Side Effects & Specific Instructions _____

◆ Please **CROSS OFF MEDICATIONS** the camper **MAY NOT** have, and enter any additional OTC medications provided.

MEDICATION	DOSAGE	Route & frequency	INDICATIONS FOR USE
Acetaminophen (Tylenol)	po	per bottle instructions	headache or fever
Bacitracin Antibiotic Ointment	Topical	per package instructions	cuts and abrasions
Benadryl Elixir	po	per bottle instructions	allergic reactions
Benadryl Gel	Topical	per bottle instructions	itching or bug bites
Ibuprofen (Advil/Motrin)	po	per bottle instructions	headache, general pain
Other: _____			

PARENT/GUARDIAN NAME PRINTED

PARENT/GUARDIAN SIGNATURE

DATE

**◆ PLEASE COMPLETE REQUIRED AUTHORIZATION FOR MEDICATION
 FORM FOR ALL PRESCRIPTION MEDICATION ◆**